PLAC	OF BUILTH			
1. County of	Ma	, ARI	ZONA STATE BOA	RD OF HEALTH
District of		· ·	OF VITAL STATISTICS	
Town of	ORIGINAL CERTIFICATE OF BIRT			State Index No. 194
OT	•		_ 33 2	County Registrar No. 14
City of		No	***************************************	Local Registrar No.
2. Full name of	an Will	ard Ron	in a hospital or institution, give it	St. Water and number with NAME instead of street and number
3. Sex of Child	1			j if child is not yet named, ma supplemental report, as direct
male	To be answered Olin event of plural births.	NEX (or other	Date of birth Mr. 25-19
8.	FATHER) \$, No., in orde		Month day year
Full name) 1	0.0	14.	MOTHER
	as w. u	lired	Full maiden name	ma Uhta.
9. Residence (Usual p	lace of abode)	Niami	15. Residence	VOA' O COL
If nonresiden	t, give place and state	aria	(Usual place of abo	•
10. Color or rac	e	, 0	16. Color or race	re and state
Can	C 11. Are et 1	ast birthday 35 (II :	· O
	0		Tears) and 17.	Age at lest birthday 3 0 (Year,
12. Birthplace (c		ypord	18. Birthplace (city or place	» Manassee
(State or	country)	- Varia	(State or country)	Colo.
Nature of ind	net-u	Ç	19. Occupation	
	Relain	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Nature of industry	
20. Number of chi		(a) Born alive and a	il (1)	riseurle
(Taken as of time certified and includ	of birth of child herein, ing this child.)	(b) Born alive but n	ow dead 21. Were prec	ensterem?
	CERTIEL	CATE	DING PHYSICIAN OR MIDWI	yes
1 hereby certify the	t I attended the birth	of this child, who was		1
*When there we	s no attending physician father, householder, return. A stillborn		(Born alive or stillborn.)	
IM One that maith-		etc., Signature	rel M. Colon	YY . [2].
Given name added	rom	Address	Miami ar	(Physician or midwife)
a supplemental repor	t	ar. Filed	KLIC31 1024 1	7.8 down
D	gistrac.	Filed	1-37 -35-1	Q Cold Registras.
-	garthi.		1125-545	County Registrar.
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